



Iowa Department of Human Services

Home and Community Based Service Settings

Iowa Medicaid Enterprise



Background

- Medicaid payment for Home and Community-Based Services (HCBS) started in Iowa
- HCBS designed to provide supports in the home instead of facility care



Intent of New Requirements

- Defines HCBS settings by the nature and quality of the individual's experiences.
- Ensure that people receiving services and supports have full access to community living to same extent as individuals not receiving Medicaid HCBS.
- Expand opportunities to receive supports in the most integrated setting



Intent of New Requirements

- Individual choice in living arrangements, service providers, and life choices
- Ensure that individual rights are not restricted.
- Avoid regimentation in daily activities, schedules, and personal interactions.



Prohibited Settings

- Specifies that HCBS cannot be provided in institutional settings
 - Hospitals
 - Nursing facilities
 - ICF/IDs
 - Institutions for Mental Disease (IMD)



Settings Presumed Not HCBS

- Settings that are presumed to have the qualities of an institution
 - Located in a building that also provides inpatient institutional treatment
 - On the grounds of, or immediately adjacent to, a public institution
 - Any setting with the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS



Settings Presumed Not HCBS

- State submits evidence demonstrating that the setting does have the qualities of an HCBS setting
- CMS heightened scrutiny review



Provider Owned or Controlled Settings

- Same protections from eviction as all tenants under landlord tenant law of state or local government
- If tenant laws do not apply, a lease or written residency agreement must provide protections to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law



Provider Owned or Controlled Settings

- Each member has privacy in their sleeping or living unit
- Units have lockable entrance doors, with the member and appropriate staff having keys to doors as needed
- Members sharing units have a choice of roommates



Provider Owned or Controlled Settings

- Members have freedom to furnish and decorate within the lease/agreement
- Members have freedom and support to control their schedules and activities and have access to food any time
- Members may have visitors at any time
- Setting is physically accessible to the member



Provider Owned or Controlled Settings

- Modifications to the requirements for an individual (such as limiting access to food)
 - Based on assessed need
 - Have tried less intrusive methods
 - Done through the person-centered planning process with the individual's informed consent
 - Set time limits for review and measure effectiveness



Transition Plan

- Required to submit to CMS with first Waiver renewal
- Must include public comment, assessment, and remediation
- ID Waiver renewal included a draft plan
- Statewide plan due July 31
- Public comment through May 31



Transition Plan - Assessment

- Settings Analysis
- High-level, not provider or location specific
- General categories of settings that are likely to be:
 - in compliance;
 - not in compliance;
 - not yet, but could become compliant.



Transition Plan - Assessment

- Identifying HCBS settings during provider enrollment and re-enrollment
- HCBS quality assurance onsite review process
- Annual Provider Quality Management Self-Assessment



Transition Plan - Assessment

- Iowa Participant Experience Survey (IPES) results for member experiences on choices and community access
- Provider surveys
- Geographic Information System (GIS) evaluation of provider locations and member addresses



Transition Plan - Remediation

- IME notifies provider of assessment results
- For settings not in compliance, the provider must submit a corrective action plan (CAP) that describes the steps to be taken and expected timelines to achieve compliance



Transition Plan - Remediation

- The state may also prescribe certain requirements to become compliant
- State review of CAPs will consider the scope of the transition to be achieved and the unique circumstances related to the setting in question



Transition Plan - Remediation

- Compliance monitored through activities including onsite reviews, technical assistance activities, and the provider annual self-assessment process.
- Failure to remediate: subject to sanctions up to and including disenrollment



Transition Timeline

- Now: public comment and preliminary activities
- Assessment of specific locations and settings: June 2014 – April 2015
- Provider self-assessments: December 2014 – February 2015
- Results reporting beginning May 2015



Transition Timeline

- Providers should begin remediation when non-compliance is identified (as soon as July 2014)
- All settings must be compliant by March 17, 2019 at latest



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Additional information on the new HCBS rules and setting requirements can be found:

<http://www.dhs.state.ia.us/ime/about/initiatives/HCBS>



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Questions?

Please submit any questions
or comments on the transition plan to:

HCBSsettings@dhs.state.ia.us